

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/031636** FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1				1
3	1				1	
4	2					1
5	8					1
6	8				1	
7	2					1
8	8					
9	8					
10	8					
11	8					
12	8					
13	8					
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28	8					
29	8					
30	8					
31	8					
32	8					
33	2					
34	8					
35	8					
36	8					
37	8					
38	8					
39	8					
40	8					
41	8					
42	8					
43	8					
44	8					
45	8					
46	8					
47	8					
48	8					
49	8					
50	8					
TOTAL IND.					3	
TOTAL DEP.					4	
TOTAL CLAIMS					7	

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52	1		
53	2		
54	8		
55			
56			
57			
58			
59			
60			
61			
62			
63			
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98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS